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## APPLICANTS

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\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/222,542 08/03/2000

\* FOREIGN APPLICATIONS \*\*\*\*\* **NINE**IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
\*\* 09/10/2001

\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____	STATE OR COUNTRY MA	SHEETS DRAWING 6	TOTAL CLAIMS 88	INDEPENDENT CLAIMS 19
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## TITLE

Sonar scanner

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